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Morning Briefing

Wednesday, December 14, 2016

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From Kaiser Health News:

KAISER HEALTH NEWS ORIGINAL STORIES

1. GOP's Timetable For Getting Repeal To Trump May Be Ambitious

Republicans say they plan to pass a bill to overhaul the federal health law in the 17 days between when Congress convenes and Inauguration Day. But past congressional budget veterans say that could prove to be very difficult. (Julie Rovner, 12/14)

2. COBRA, Retiree Plans, VA Benefits Don't Alleviate Need To Sign Up For Medicare

Thousands of people mistakenly think that if they have insurance, they can wait to sign up for Medicare Part B. Generally, insurance other than that provided by a current employer will not exempt them from Medicare's strict enrollment requirements. (Susan Jaffe, 12/14)

3. Political Cartoon: 'Fit To Print'

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Fit To Print'" by Darrin Bell.

Here's today's health policy haiku:

AND THIS IS WHERE THINGS GET COMPLICATED...

They control the Hill
So repeal backers now must
[Do more](#) than just talk.

- Anonymous

If you have a health policy haiku to share, please [Contact Us](#) and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

Summaries Of The News:

ADMINISTRATION NEWS

4. Obama Signs Cures Bill Into Law

The \$6.3 billion measure, which includes funding for drug treatment, precision medicine, cancer research and other initiatives, will likely be the last measure that he signs into law during his presidency.

[USA Today: Obama Signs \\$6.3 Billion Law For Cancer Research, Drug Treatment](#)

President Obama signed a \$6.3 billion bill to fund drug treatment, a precision medicine initiative and Vice President Biden's signature effort to "end cancer as we know it." In an emotional bill signing ceremony — likely the last one of this presidency — Obama signed the 21st Century Cures Act in a White House auditorium. The signing brought full circle Obama's State of the Union challenge to Congress to "surprise the cynics" by tackling some of the biggest health priorities facing the country. (Korte, 12/13)

[The Associated Press: Obama Signs Bill Boosting Spending On Cancer Research](#)

On a "bittersweet day" that brought back memories of loved ones lost, President Barack Obama signed into law legislation that makes new investments in cancer research and battling drug abuse. Obama signed the bill Tuesday at a ceremony on the White House campus flanked by Vice President Joe Biden and key lawmakers from both parties. ... The 21st Century Cures Act invests \$1.8 billion for a cancer research "moonshot" that is strongly supported by Biden. The vice president's son, Beau, died of brain cancer in 2015. (Freking, 12/13)

[The Hill: Obama Signs Medical Cures Bill Into Law](#)

President Obama on Tuesday signed a sweeping medical cures bill into law, capping more than a year of bipartisan negotiations. The 21st Century Cures Act seeks to speed up the approval of new drugs and invests new money in medical research. The measure grew to include a slew of bipartisan priorities, including \$1 billion over two years to fight the epidemic of opioid addiction and \$1.8 billion

for Vice President Biden's cancer "moonshot" initiative. A long-awaited mental health bill was also included in the package. (Sullivan, 12/13)

[CQ Roll Call: Obama Signs Cures Bill Into Law](#)

President Barack Obama on Tuesday signed into law a package of biomedical innovation bills that also includes legislation intended to improve U.S. mental health care, funding for several of the administration's key health initiatives and money to help states combat the opioid epidemic. The bill, known as 21st Century Cures (HR 34), will direct \$4.8 billion in funding to the National Institutes of Health over 10 years, specifically for programs including Obama's cancer moonshot initiative. It also would direct \$500 million over nine years to the Food and Drug Administration and \$1 billion to states over two years to help fight prescription drug abuse. Appropriators would still have to sign off on the use of that funding in future years. (Williams, 12/13)

[Modern Healthcare: Will The 21st Century Cures Act Finally Level The Playing Field For Hospitals?](#)

Nestled within the 994 pages of the 21st Century Cures Act that President Barack Obama signed into law on Tuesday is an opportunity for hospitals to change the way they are judged when patients are unnecessarily readmitted. The law requires Medicare to account for patient backgrounds when it calculates reductions in its payments to hospitals under the Hospital Readmissions Reduction Program. Until the passage of the Cures Act, originally meant for biomedical innovation but turned into a smorgasbord of healthcare policies, thorny questions about adjusting for patient demographics had been avoided. Hospitals have been at fault if, within 30 days after discharge, patients return to the hospital for the same reason they were originally admitted. (Whitman and Johnson, 12/13)

5. In Report Card, White House Economists Warn Health Law Repeal, Replace Would Have 'Profound Implications'

The report by the Council of Economic Advisers notes that Obamacare has driven the nation's rate of people without coverage to an all-time low while also bending the cost curve of health care spending.

[CNBC: Obamacare Report Card Claims Next Year's Higher Premiums Are 'One-Time Adjustment'](#)

The Obama administration on Tuesday released a wide-ranging, positive report card on the Affordable Care Act, describing how Obamacare has driven down the rate of people without health insurance "to its lowest level in history," increased financial security and access for consumers who seek medical care, and bent the cost-curve of health-care spending. (Mangan, 12/13)

[The Hill: White House Report Makes Case Against ObamaCare Repeal](#)

The White House's top economists released a sweeping report Tuesday warning of "profound implications" for a majority of Americans if ObamaCare is repealed and replaced. The report, dubbed "the economic record" of President Obama's healthcare reforms, marks the administration's most public effort since the presidential election to pressure Republicans into keeping parts of the law in place. (Ferris, 12/13)

[The Washington Times: White House Says Obamacare Is Saving Lives](#)

The Obama administration pressured the federal health care law's foes Tuesday to think twice about repealing the overhaul in the new year, releasing a report that defends the six-year-old reforms as a lifesaver that's covered millions and ushered in a raft of benefits that will save people money. The White House Council of Economic Advisers said 20 million more people have insurance because of the Affordable Care Act, and the share of Americans reporting they delayed care because of costs has dropped by a third since 2010. (Howell, 12/13)

[Morning Consult: Council of Economic Advisers Report Defends Obamacare Progress](#)

The White House Council of Economic Advisers said in a report released Tuesday that the U.S. has made “historic progress” under the Obama administration when it comes to expanding access to health insurance and reforming how care is delivered. “The six years since the ACA became law have seen very encouraging trends in both health care costs and health care quality,” the report says, referring to the Affordable Care Act and citing the slower growth of health care costs and indications of higher quality of care. (McIntire, 12/13)

[CQ Roll Call: Obama Administration Pushes New Health Care Data](#)

The compilation of federal and state-by-state data comes as Republicans in Congress work through their strategy to repeal large aspects of the overhaul. The information, which does not provide any new statistics on the ongoing open enrollment period that runs through Jan. 31, is intended to highlight the benefits of the 2010 health care overhaul (PL 111-148, PL 111-152). More than 20 million new individuals received insurance under the law. The Centers for Medicare and Medicaid Services in late November, when the most recent public data from the agency was released, said 2.1 million new individuals have signed up or re-enrolled for insurance during the current open enrollment period. (Williams, 12/13)

CAPITOL HILL WATCH

6. Congressional Republicans Mull Repeal And Replace Timetables And Strategies

Procedural hurdles could cause delays in meeting the Inauguration Day target date for having a repeal measure on the new president's desk. Meanwhile, GOP lawmakers are beginning to consider different aspects of how to advance the replacement plan as well as other policy proposals regarding Medicaid and Medicare.

[Kaiser Health News: GOP's Timetable For Getting Repeal To Trump May Be Ambitious](#)

Republicans in Congress are so eager to repeal the federal health law that some have vowed to get a bill to President-elect Donald Trump's desk on the day he takes the oath of office. “We will move right after the first of the year on an Obamacare repeal resolution,” Senate Majority Leader Mitch McConnell, R-Ky., told reporters at a news conference Monday. But could lawmakers introduce, pass and get a repeal measure to the new president in the 17 days between Jan. 3, when they convene, and Inauguration Day, Jan. 20? Not likely, say budget experts. (Rovner, 12/14)

[POLITICO Pro: Key Conservatives Back GOP Budget Strategy](#)

Conservative lawmakers and advocacy groups plan to cut congressional GOP leaders some slack as they craft a budget to repeal Obamacare. Hard-liners torpedoed a fiscal 2017 budget earlier this year because it didn't cut spending sufficiently, but they look likely to hold their fire in January. The budget resolution that House and Senate Republicans will unveil early next year will include reconciliation instructions to fast track repeal of the 2010 health law but is otherwise expected to be relatively bare-bones. (Weyl, 12/13)

[CQ Roll Call: Exclusive: GOP Mulls Fund To Finance Obamacare Replacement](#)

GOP lawmakers are looking beyond the repeal of the 2010 health care law and crafting strategy to tackle obstacles that may get in the way of replacing the law, even with Republicans in control of both Congress and the White House. One approach under consideration is to create a special fund where savings from getting rid of the health care law could be banked and later used to pay for a replacement for the law, people familiar with lawmaker and staff discussions said. (Krawzak, 12/13)

[The Fiscal Times: A 'Full Repeal' Of Obamacare Could Spur Medicare's Bankruptcy](#)

Now comes a warning from the Kaiser Family Foundation that a complete repeal of the Affordable Care Act would have a dire financial impact on the Medicare program for seniors. A full repeal of Obamacare would reverse the progress made in slowing the rate of growth of Medicare Part A spending on hospital care and accelerate the estimated long-term insolvency of the trust fund, according to the report released on Tuesday. (Pianin, 12/14)

[Morning Consult: Finance Committee Republicans Seek Governor Input On Medicaid Reforms](#)

Republican members of the Senate Finance Committee are seeking advice from GOP governors about what changes they want to Medicaid. The members are planning a roundtable discussion for next month to discuss how to give states more flexibility, ensure parity across different programs and whether successful state programs could be replicated in other parts of the country. (McIntire, 12/13)

[The Hill: Florida Governor Pushes For ObamaCare Repeal On 'Day One'](#)

Florida Gov. Rick Scott (R) is ramping up pressure on Republicans in Congress to aggressively and immediately pursue a repeal of ObamaCare, despite any politically damaging effects. Scott said he made the case for a swift, full repeal of the healthcare law during a meeting Tuesday with Rep. Tom Price (R-Ga.), President-elect Donald Trump's pick to lead the Department of Health and Human Services. (Ferris, 12/13)

HEALTH LAW

7. In The Midst Of Uncertainty, States Proceed With Obamacare Enrollment Efforts

Health and Human Services Secretary Sylvia Burwell went to Florida to remind residents they are in the final days of the federal marketplace's sign-up period. Meanwhile, officials in California are also focusing on getting this message out while other states, including Virginia and Kentucky, are tracking changes in their population's rates of insurance coverage.

[Tampa Bay Times: Burwell Comes To Tampa With A Pitch: Despite Uncertainty, You Can Still Sign Up For Obamacare](#)

As Republicans talk of dismantling the Affordable Care Act at the earliest opportunity, outgoing U.S. Health and Human Services Secretary Sylvia Burwell came to town Tuesday to say the law is far from dead, at least for 2017. (McGrory, 12/13)

[Health News Florida: HHS Sec. Burwell Visits Florida To Push Obamacare Deadline](#)

Health and Human Services Secretary Sylvia Burwell visited Tampa Tuesday to remind Floridians they're in the final days to enroll in the federal marketplace for health insurance. (Miller, 12/13)

[Orlando Sentinel: Thursday 1st Deadline To Sign Up For Obamacare](#)

If you're signing up for Obamacare and want your health insurance coverage to kick in on Jan. 1, you need to sign up for a plan by Thursday. The future of the health law is uncertain, but federal officials say that consumers' insurance coverage most likely won't be affected in 2017. (Miller, 12/13)

[Sacramento Bee: Covered California Officials, Advocates Urge People To Sign Up For Health Insurance](#)

Ignore the political uncertainty swirling around Obamacare: If you want health insurance coverage in California starting Jan. 1, sign up this week. That's the message Tuesday from officials at Covered California, the state's official marketplace for the Affordable Care Act. They said about 139,000 new enrollees have signed up during the current open enrollment season, roughly the same as last year.

In addition, 1.2 million who were previously enrolled have reupped their health coverage. (Buck, 12/13)

[Arizona Republic: Arizona Health-Insurance Consumers Face 'Obamacare' Enrollment Deadline This Week](#)

Arizona residents who buy their own health insurance face a deadline this week to maintain their coverage in 2017. Those who already are enrolled in an Affordable Care Act plan automatically will be enrolled in a comparable plan from Blue Cross Blue Shield of Arizona or Ambetter from Health Net. Consumers who want to review their options and choose a plan must act by the end of the day Thursday. (Alltucker, 12/13)

[Richmond Times Dispatch: With Fate Of Health Law Uncertain, Officials Highlight Coverage In Virginia](#)

In light of national uncertainty over the fate of the Affordable Care Act, the U.S. Department of Health and Human Services released data to highlight the improvements Virginians have experienced in their health care since the law's inception. Since the ACA was enacted in 2010, 327,000 Virginians have gained coverage. (Demeria, 12/13)

[Lexington \(Ky.\) Herald-Leader: Only 6 Percent Of Kentuckians Lack Health Insurance Under Obamacare, But Will It Last?](#)

The percentage of Kentuckians without health insurance fell to 6 percent in 2015 from 15 percent in 2010 under the Affordable Care Act, according to new data from the U.S. Department of Health and Human Services. Only Nevada, Oregon and California posted larger percentage declines in uninsured. Kentucky now ranks below the national average of 9.4 percent. The department reported that 404,000 Kentuckians gained coverage between 2010 and last year. (Tate, 12/13)

[California Healthline: How Would Repeal Of The ACA Affect Californians' Health Coverage?](#)

In almost every county across California, regardless of its political leaning, at least one in ten people has health coverage because of Obamacare. And in some counties, almost one fifth of the population is eligible for insurance under the Affordable Care Act, either through the expansion of Medi-Cal or Covered California, the state-run health insurance marketplace that offers subsidized private coverage. (Bartolone and Zuraw, 12/14)

MARKETPLACE

8. Anthem-Cigna Mega-Merger In Judge's Hands As First Phase Of Antitrust Trial Closes

U.S. District Judge Amy Berman Jackson questions Justice Department prosecutors and lawyers for Anthem Inc. about whether the proposed \$48 billion acquisition of Cigna Corp. would harm competition in the insurance marketplace.

[Bloomberg: Anthem-Cigna Merger Goes To Judge For Ruling That Could End Deal](#)

The first phase of the U.S. Justice Department's lawsuit to halt Anthem Inc.'s planned takeover of rival insurer Cigna Corp. is in the hands of a federal judge after the government wrapped up its arguments Tuesday that the deal would harm competition in the national insurance market. U.S. District Judge Amy Berman Jackson in Washington will issue her decision on whether the combination of the companies risks higher costs for large employers around the country and should be blocked. She didn't say when she would rule. (McLaughlin, 12/13)

[The Wall Street Journal: Judge Takes Aim At Anthem's Defense Of Cigna Deal](#)

A federal judge put a lawyer for Anthem Inc. on the hot seat Tuesday, probing potential weaknesses in the insurer's argument that its proposed acquisition of Cigna Corp. wouldn't harm competition. ... Phase one of the two-part trial, focusing on whether the deal would harm large national employers, ended Tuesday. The judge brought in lawyers from both sides to pepper them with questions about the evidence they have presented so far. While both sides at times faced tough questions, Anthem appeared to have the rockier ride. (Kendall, 12/13)

[The CT Mirror: Cigna Distances Itself From Anthem At Key Point In Merger Trial](#)

The hostilities between proposed merger partners Anthem and Cigna was on full display Tuesday at a key point of a U.S. antitrust trial over the deal. U.S. District Judge Amy Berman Jackson intently questioned lawyers representing the Justice Department and Anthem after about two weeks of trial testimony on Tuesday. Before wrapping up the first phase of the trial, Jackson asked Cigna attorney Rick Rule why he did not sign on to Anthem's summary documents. (Radelat, 12/13)

[Politico Pro: Signs Of Tension Between Anthem-Cigna As First Phase Of Merger Trial Wraps](#)

The first phase of the trial to determine whether Anthem's \$54 billion acquisition of Cigna can proceed wrapped up Tuesday morning, with tensions between the would-be merger partners again coming to the forefront. The trial's opening phase focused on whether the blockbuster deal, which would create the country's largest health insurance company, will significantly hurt competition in the market for large employers. (Demko, 12/13)

9. Eli Lilly To Discount Insulin Up To 40% For People Who Pay Full Retail Prices

As rising insulin costs draw attention and criticism, Eli Lilly and Co. announces that it will cut list prices of its insulin brands for uninsured patients or those with high-deductible health plans.

[The Washington Post: After Years Of Price Hikes, Eli Lilly Announces A Discount On Insulin](#)

Under pressure from politicians and patient groups, diabetes pharmaceutical giants have been taking action in recent weeks to limit the effect of rising insulin prices on patients. On Tuesday, Eli Lilly and Co. announced that, starting in January, patients who pay full retail price for insulin will be able to access a 40 percent discount. ... The Eli Lilly discount program will only help people without insurance or who are in the high-deductible phase of a health plan. But the action is part of a widening public discussion among drug companies in response to scrutiny of its pricing policies. (Johnson, 12/13)

[Bloomberg: Lilly To Sell Insulin At 40% Discount To Cash-Paying Patients](#)

Eli Lilly & Co. will bypass insurance companies to offer a 40 percent discount on its best-selling insulin products for patients who lack health coverage or have high deductibles that require them to pay the full cost of some medications. Patients will be able to purchase the drugs through the digital startup Blink Health, Lilly said Monday in an e-mailed statement. Blink brings together pharmacy customers online to negotiate drug prices, typically for older, less-expensive treatments. The initiative, which starts next year, is its first foray into brand name therapies, providing access to Humalog, Lilly's biggest product, with \$2.8 billion in 2015 sales. (Cortez, 12/13)

[The Wall Street Journal: Eli Lilly Offers Discount For Insulin As Prices Soar](#)

Eli Lilly & Co. said Tuesday it would discount the list prices of its insulin brands by as much as 40% for uninsured patients and others paying for the drugs largely out-of-pocket, following an outcry over soaring prices of diabetes treatments sold by Lilly and its competitors. The price concession, intended for patients who currently pay the highest of out-of-pocket costs, is the latest sign that some drugmakers are bowing to public pressure to rein in prices. (Loftus and Jamerson, 12/13)

And in other pharmaceutical industry news —

[The Wall Street Journal: Sanofi Is In Talks For Deal With Actelion Pharmaceuticals](#)

French drug giant Sanofi SA is in talks for a deal with Actelion Pharmaceuticals Ltd., according to people familiar with the matter. Meanwhile, Johnson & Johnson abandoned its pursuit of the Swiss drug company. It's not clear what price Sanofi is discussing paying or what structure is envisioned, but people familiar with the matter have said a deal could value Actelion at as much as \$30 billion. (Mattioli and Rockoff, 12/13)

For more news on high drug costs, check out our weekly feature, Prescription Drug Watch, which includes [coverage](#) and [perspectives](#) of the issue.

10. Hackers Get Personal Information On 34,000 Customers Of Quest Diagnostics

The lab company's data breach did not include credit card information or Social Security numbers, Quest officials say. Meanwhile, the federal government has extended insurance enrollment for employees after its website crashed Monday.

[Chicago Tribune: Quest Data Breach Exposes Private Health Information Of 34,000 Patients](#)

Quest Diagnostics Inc., a lab services company, is investigating an online data breach that exposed the test results and other personal information of 34,000 patients nationwide. The New Jersey-based company announced Monday that an "unauthorized third party" hacked into the MyQuest patient portal Nov. 26, accessing protected health information including name, date of birth, lab results and in some cases, phone numbers. It said the breach did not include Social Security numbers or credit card, insurance or other financial information. (Channick, 12/13)

[The Washington Post: After Federal Employee Insurance Website Crashes, Procrastinators Get Reprieve](#)

The government has temporarily extended the open enrollment season for the vision and dental benefits program for federal employees, after a website crashed on Monday, officially the last day for signing up or changing coverage. (Yoder, 12/13)

VETERANS' HEALTH CARE

11. Justice Department May Investigate Charges That VA Officials Lied To Congress About Costs

The FBI says it is looking into allegations that, in House testimony, Veterans Affairs executives concealed overruns at a \$1.7 billion VA hospital under construction outside Denver. In other VA news, the agency finalizes a rule on scope of practice for nurse practitioners.

[The Associated Press: FBI Looks Into Congress' Claims VA Lied About Hospital Costs](#)

The Justice Department is considering whether to investigate allegations that Veterans Affairs Department executives lied to Congress to conceal massive cost overruns at a \$1.7 billion VA hospital under construction outside Denver. The FBI's Washington field office is reviewing the allegations, the Justice Department said in a letter to Congress. The letter was dated Dec. 9 and made public Tuesday. (Elliot, 12/14)

[Modern Healthcare: VA Finalizes Rule That Expands Scope Of Nurse Practice](#)

The Veteran Affairs Department has finalized a rule that will allow advanced-practice registered

nurses to practice to their full authority at VA facilities, however the new permission will not expand to certified registered nurse anesthetists following lobbying from anesthesiologists. The change has long been debated at the VA and in Congress but is opposed by the American Medical Association, which immediately slammed the rule after its release Tuesday. “This part of the VA's final rule will rewind the clock to an outdated model of care delivery that is not consistent with the current direction of the healthcare system,” Dr. Andrew Gurman, president of the AMA said in a statement, adding that state law should be followed. (Dickson, 12/13)

[Medpage Today: Nurse Anesthetists Left Out Of New VA Policy](#)

Nurse anesthetists will not be able to independently administer anesthesia -- at least as of now -- in Department of Veterans Affairs (VA) facilities under a final rule issued Tuesday that scaled back an earlier proposal. (Frieden, 12/13)

PUBLIC HEALTH AND EDUCATION

12. Fight Against Opioid Crisis Just Got \$500M -- And White House Wants To Get It To States

The influx of funding came with the signing of the 21st Century Cures Bill. Meanwhile, The Washington Post offers a geographical breakdown of where the most opioid overdoses have occurred in the United States. And, in New Hampshire, officials warn about the dangers of fentanyl.

[USA Today: White House Moves Quickly To Release Opioid Money](#)

With \$500 million in hand to fight the opioid epidemic, White House officials are moving quickly to get that money flowing to the hardest-hit states—and pushing local officials to spend the new dollars on treatment above other addiction-related initiatives. (Shesgreen, 12/13)

[The Washington Post: Where Opiates Killed The Most People In 2015](#)

More than 33,000 people died of opioid overdoses in the United States last year. But speaking of an “opiate epidemic” is in some ways a misnomer. The latest data from the Centers for Disease Control and Prevention show that the country is in fact dealing with multiple opioid epidemics right now — each with a distinct geographic footprint. (Ingraham, 12/13)

[New Hampshire Public Radio: Fentanyl, Not Heroin, Responsible For Majority Of N.H. Drug Overdoses This Year](#)

At least 369 people have fatally overdosed in New Hampshire this year, according to an update released Tuesday by the state medical examiner. But the state says another 78 cases are still under review, so the actual number could be even higher. (McDermott, 12/13)

And in other news —

[Stat: Among Teens, Marijuana Use Overtakes Tobacco, E-Cigarettes](#)

Teen drug use is largely on the decline, with one notable exception — marijuana. Nearly 23 percent of high school seniors reported using marijuana in the past month, according to new data from the National Institute on Drug Abuse and the National Institutes of Health, which collected responses as part of an annual survey of teen drug use known as “Monitoring the Future.” The survey polled eighth, 10th, and 12th grade students from across the country about their drug and alcohol consumption. (Thielking, 12/13)

[The Wall Street Journal: E-Cigarette Use Falls Among Teens](#)

E-cigarette use among teens dropped in 2016, reversing an upward trend that had prompted the

U.S. Surgeon General to recommend increased regulation and taxation. Among high-school seniors, 12% this year said they had used e-cigarettes in the past month compared with 16% in 2015, according to the National Institutes of Health's annual Monitoring the Future survey. (Maloney, 12/13)

13. Serious Brain Damage Found In High Percentage Of Babies Born To Mothers Infected With Zika

Three new studies quantify the impact of Zika infection during pregnancy on the brain development of newborns. Defects are not limited to microcephaly — the virus is also linked to empty spaces in the brain, cataracts and hearing loss.

The New York Times: Extensive Brain Defects Seen In Babies Of Mothers With Zika

Babies born to Zika-infected mothers are highly likely to have brain damage, even in the absence of obvious abnormalities like small heads, and the virus may go on replicating in their brains well after birth, according to three studies published Tuesday. Many types of brain damage were seen in the studies, including dead spots and empty spaces in the brain, cataracts and congenital deafness. There were, however, large differences among these studies in how likely it was that a child would be hurt by the infection. (McNeil and Belluck, 12/13)

Stat: 4 In 10 Babies Born After Zika Infection May Have Brain Defects

The toll that Zika virus takes on pregnancies appears to be even higher than was previously estimated, with a newly updated study from Brazil suggesting that 42 percent of infants infected in the womb may have significant birth defects. When the authors factored in stillbirths and miscarriages suffered by women who had been infected with Zika, 46 percent of pregnancies were affected. Microcephaly — a condition in which babies are born with smaller than normal heads — was seen in only about 3 percent of babies in the study. (Branswell, 12/13)

14. Tiny Water Systems Allowed To Skip Lead Testing Endangering Millions

The number of people getting lead-contaminated drinking water, or water not properly tested for lead, since 2010 is about 4 million. Meanwhile, it's been a year since Flint's mayor declared a state of emergency but residents' tap water is still unsafe to drink. And EPA reverses its guidance on the impact of fracking on drinking water quality.

USA Today: 4 Million Americans Could Be Drinking Toxic Water And Would Never Know

Tiny utilities - those serving only a few thousand people or less - don't have to treat water to prevent lead contamination until after lead is found. Even when they skip safety tests or fail to treat water after they find lead, federal and state regulators often do not force them to comply with the law. USA TODAY Network journalists spent 2016 reviewing millions of records from the Environmental Protection Agency and all 50 states, visiting small communities across the country and interviewing more than 120 people stuck using untested or lead-tainted tap water. (Ungar and Nichols, 12/12)

NPR: Flint, Michigan, Water Crisis A Year Later: Unfiltered Water Still Unsafe

A year ago, Flint, Mich., Mayor Karen Weaver declared a state of emergency because of lead-contaminated drinking water, attracting national outrage and sympathy, and millions of gallons of donated water. But a year later donations have slowed to a trickle, and little has changed — unfiltered water here is still unsafe to drink. (Carmody, 12/14)

The New York Times: Reversing Course, E.P.A. Says Fracking Can Contaminate Drinking Water

The Environmental Protection Agency has concluded that hydraulic fracturing, the oil and gas extraction technique also known as fracking, has contaminated drinking water in some

circumstances, according to the final version of a comprehensive study first issued in 2015. The new version is far more worrying than the first, which found “no evidence that fracking systemically contaminates water” supplies. In a significant change, that conclusion was deleted from the final study. (Davenport, 12/13)

STATE WATCH

15. Fla. Reaches Out To Parents About Importance Of Early HPV Vaccination

In related news, researchers turn back to simpler approaches to increase immunization rates. And in Massachusetts, the percent of health care workers in clinics and nursing homes who get a flu shot falls short of national goals.

Health News Florida: State Begins Campaign To Educate Parents About Vaccine That Can Prevent Certain Cancers

A campaign is currently underway in Florida to educate parents about a childhood vaccine that can prevent cancers associated with the sexually-transmitted human papillomavirus, or HPV, in adulthood. The vaccine is recommended for girls and boys between 11 and 26 years old, said Alison Moriarty Daley with the National Association of Pediatric Nurse Practitioners. (Hoskinson, 12/13)

Health News Florida: USF Researcher Finds Sometimes Low-Tech Approach Pays Off When It Comes To Immunizations

In a world increasingly dominated by social media and cell phones, sometimes a simple letter home can make a difference when it comes to making sure students have their important immunizations. That's the finding of research conducted by USF College of Public Health's Dr. Jill Roberts, an assistant professor in the Department of Environmental and Occupational Health. (Schreiner, 12/13)

Boston Globe: Nursing Home And Clinic Workers Fall Short Of Flu Vaccination Goal — Again

The number of health care workers in Massachusetts nursing homes and clinics vaccinated against the flu during the 2015-16 season fell far short of the national goal of 90 percent, even as it rose slightly above previous years. That's the news from a Massachusetts Department of Public Health report released Tuesday on flu vaccination rates at clinics, nursing homes, rest homes, and adult day health centers, where roughly two-thirds to three-quarters of workers were vaccinated. (Freyer, 12/14)

16. Ohio Governor Vetoes Bill Barring Abortion Once Heartbeat Is Detected But Signs Another Measure

The legislation signed by Gov. John Kasich prohibits abortions after 20 weeks of pregnancy. In Florida, groups supporting a woman's access to abortion have gone to court to challenge a state law, an Oklahoma court strikes down a law there and The Washington Post checks some of the facts in an official Texas booklet about abortion.

The Washington Post: Ohio Governor Vetoes 'Heartbeat Bill' But Signs Another Abortion Restriction Into Law

Ohio Gov. John Kasich on Tuesday vetoed a controversial bill that would have banned abortions as early as six weeks into pregnancy but signed a measure prohibiting the procedure later in pregnancy. The measure the Republican governor rejected would have barred a woman from obtaining an abortion if a fetal heartbeat could be detected. The legislature passed the measure last week even though it conflicts with Supreme Court decisions upholding the right to abortion at least

until the point at which the fetus is viable. The bill he signed, banning the procedure at 20 weeks of pregnancy, may run afoul of these rulings, because viability is generally interpreted to be around 24 weeks. (Somashekhar, 12/13)

[The Associated Press: Ohio Governor OKs 20-Week Abortion Ban, Nixes Heartbeat Bill](#)

The so-called heartbeat bill would have prohibited most abortions once a fetal heartbeat is detected, which can be as early as six weeks into pregnancy -- or before many women know they are pregnant. Its provisions cleared the Republican-led Legislature during a lame-duck flurry last week after being tacked into separate legislation. Similar measures elsewhere have faced legal challenges, and detractors in Ohio feared such legislation would lead to a costly fight in the courts. Opponents predicted it would be found unconstitutional, a concern Kasich shared. (Carr Smyth, 12/13)

[The New York Times: John Kasich Signs One Abortion Bill In Ohio But Vetoes A More Restrictive Measure](#)

In reaching the split decision on the two bans, adopted last week by the Ohio legislature, Mr. Kasich said the so-called heartbeat bill was "clearly contrary to the Supreme Court's current rulings on abortion." He called the 20-week ban the "best, most legally sound and sustainable approach to protecting the sanctity of human life." The 20-week ban has no exceptions for rape or incest, and abortion rights advocates consider it extreme. Under existing Ohio law, there will be an exception for life of the mother, Mr. Kasich's office said. Ohio currently bars abortions after 24 weeks of pregnancy. (Stolberg, 12/13)

[Columbus Dispatch: Gov. John Kasich Vetoes Heartbeat Bill, Signs 20-Week Abortion Ban](#)

The Heartbeat Bill's foremost champion, Janet Porter of Faith2Action, immediately denounced Kasich's "betrayal of life" and promised a campaign to find the necessary votes in the House to override the governor's veto. The Senate's vote was veto-proof on what would have been the nation's most stringent abortion law. (Ludlow, 12/13)

[Tampa Bay Times: Abortion-Rights Groups Sue State, Say Law Violates Free Speech](#)

Abortion-rights advocates and the American Civil Liberties Union on Monday sued the state over abortion restrictions the groups say would have a chilling effect on free speech. The lawsuit, filed in federal court in Tallahassee, asks a judge to throw out part of a law requiring agencies that refer women to abortion providers to register with and pay a fee to the state. It was passed this spring by the Legislature as part of a broader abortion measure and signed into law by Gov. Rick Scott. (Auslen, 12/13)

[The Associated Press: Federal Judge Asked To Block Part Of Florida Abortion Law](#)

A sweeping abortion law passed by Florida legislators this year — parts of which have already been struck down by the courts — is being challenged yet again. The American Civil Liberties Union of Florida filed a lawsuit late Monday on behalf of several ministers, rabbis and organizations that provide abortion counseling services to women. The lawsuit filed in a federal court in Tallahassee contends that the law violates constitutional rights by requiring groups to register with the state and pay a fee if they advise or help women seek abortions. The lawsuit also challenges a provision already in state law that requires groups to tell women about alternatives to abortion. (Fineout, 12/13)

[The Washington Post: Oklahoma Abortion Restrictions Blocked](#)

The Oklahoma Supreme Court on Tuesday permanently blocked a state law that would have required abortion providers to have special relationships with hospitals, in continuing fallout from a U.S. Supreme Court ruling this year striking down a similar provision in Texas. The Oklahoma measure, passed in 2014, required a physician to have so-called admitting privileges at a hospital within 30 miles of the facility where he or she was performing an abortion. (Somashekhar, 12/13)

[The Associated Press: Oklahoma Court Tosses Abortion Law On Hospital Privileges](#)

"Under the guise of the protection of women's health," Oklahoma Justice Joseph Watt wrote, "(the law) creates an undue burden on a woman's access to abortion, violating protected rights under our federal Constitution," referring specifically to the Texas case. Republican Gov. Mary Fallin signed the measure, Senate Bill 1848, into law in 2014, but courts had blocked it from taking effect. Tuesday's ruling overturns a lower court's decision in February that upheld the law. (Miller, 12/13)

[The Associated Press: Oklahoma May Require Restroom Signs In Anti-Abortion Effort](#)

Oklahoma plans to force hospitals, nursing homes, restaurants and public schools to post signs inside public restrooms directing pregnant women where to receive services as part of an effort to reduce abortions in the state. ... The provision for the signs was tucked into a law that the Legislature passed this year that requires the state to develop informational material "for the purpose of achieving an abortion-free society." The signs must be posted by January 2018. (Murphy, 12/13)

[The Washington Post Fact Checker: Texas State Booklet Misleads Women On Abortions And Their Risk Of Breast Cancer](#)

"A Woman's Right to Know" is an informed-consent booklet for pregnant women, mandated by a 2003 state law in Texas. The Texas Department of Health Services published a revised version of this booklet in 2016, replacing the one that had been used since 2003. A reader pointed us to this blurb, included under the heading "Breast Cancer Risk," in a section about the risks of getting an abortion. According to this booklet, there is research showing that having an abortion "will not provide" women the "increased protection against breast cancer." What does the research say? (Ye Hee Lee, 12/14)

17. HHS Auditors: Florida Medicaid Paid \$26M To Firms For Coverage Of People Who Were Dead

The state was able to recover much of the money, according to the report by the Department of Health and Human Services. Also, in Iowa, officials of the companies brought in to manage the Medicaid program declined to tell lawmakers if they will ask for more money following major losses.

[Miami Herald: Florida Paid Medicaid Insurers \\$26 Million To Cover Dead People, Report Says](#)

The dead don't need health insurance coverage. But in Florida, private health insurance companies managing the state's Medicaid program still made money from the dead, according to a report issued Tuesday by the U.S. Department of Health and Human Services. Auditors with HHS's Office of Inspector General estimate Florida paid about \$26 million over five years to Medicaid insurers for coverage of people who had already died — largely as a result of outdated information in state databases and a lack of collaboration among different agencies. (Chang, 12/13)

[Des Moines Register: Medicaid Managers Won't Say If They'll Seek State Raises](#)

Leaders of the private companies running Iowa's Medicaid program declined to tell legislators Tuesday whether they plan to ask the state for more money next year. The three companies have lost hundreds of millions of dollars in Iowa since they started running the giant health-insurance program April 1, a recent report showed. During a legislative oversight meeting Tuesday, Sen. Joe Bolkcom noted that Gov. Terry Branstad agreed to give the companies an extra \$33 million in state money in the middle of the first contract year. That money is to trigger more than \$90 million in extra federal money to the companies. (Leys, 12/13)

18. Cap May Allow Patients To Control Robotic Arms With Thoughts Alone

The new device worn on the head could eliminate the need for risky brain implants. Media outlets also report on other health sector news from Texas, Pennsylvania and Colorado.

[The Star Tribune: U Pioneers New Robotic Arm — Controlled By The Brain](#)

Bionic arms controlled wirelessly by people's thoughts are coming closer to reality as the result of research at the University of Minnesota that seeks to eliminate the need for risky surgical brain implants in order to work. Researcher Bin He and colleagues reported on Wednesday the successful use of sensors in a cap worn on the head that interpret brain signals and instruct a robotic arm to make corresponding movements. (Olson, 12/14)

[Austin Statesman: \\$50 Million Gift Establishes Neuroscience Clinic At UT Medical School](#)

An Austin-based foundation supported by a retired oil executive and his wife has pledged \$50 million to establish a neuroscience clinic at the University of Texas' Dell Medical School for research and patient care involving Alzheimer's disease, bipolar disorder, stroke and other maladies. The Mulva Family Foundation has also agreed to donate \$25 million to the UT MD Anderson Cancer Center in Houston to advance treatment for melanoma, the deadliest form of skin cancer, and prostate cancer, the second-leading cause of cancer deaths in men. (Haurwitz, 12/14)

[The Philadelphia Inquirer: Penn Signs Final Deal To Take Over Princeton HealthCare System](#)

The University of Pennsylvania Health System said Monday that it signed a definitive agreement to acquire Princeton HealthCare System, which is anchored by the 305-bed University Medical Center of Princeton at Plainsboro. The two tax-exempt systems announced a preliminary agreement in July. The deal won't be completed until a regulatory review is done, which can often take more than a year in New Jersey. In 2015, Princeton HealthCare had an operating loss of \$736,000 on total revenue of \$437 million. It spent \$522 million on its new Plainsboro hospital, which opened in 2012. (Brubaker, 12/13)

[Denver Post: Cordillera Residents Sue To Stop Luxury Lodge & Spa From Becoming A Residential Drug Treatment Center](#)

The lawsuit targets Robert Behringer, whose Texas-based Behringer Harvard investment firm is under contract to sell the 56-room Lodge & Spa at Cordillera and its surrounding acreage to the Concerted Care Group, a Baltimore company that wants to convert the lodge campus to a high-end, inpatient drug addiction treatment facility. The suit argues that Behringer and his team lied when they pursued a 2009 modification to Cordillera's Planned Unit Development Guide, which detailed 34 potential uses of the lodge and so-called Village Center land, including office space, athletic facilities, an amphitheater and medical offices. (Blevins, 12/13)

19. State Highlights: Mass. Lawmakers Again Focus On Curbing Health Care Costs; Minn. Report Examines Why Some Clinics Are Pricier Than Others

Outlets report on health news from Massachusetts, Minnesota, Kansas, California, New Jersey, Virginia, Iowa and Georgia.

[Boston Globe: Mass. Senate Leaders Plan Another Run At Curbing Health Care Costs](#)

Massachusetts Senate leaders said Tuesday that they want to draft new legislation to tackle rising health costs, conceding that current efforts have not done enough. The state passed a law in 2012 aimed at curbing medical spending, but Senate majority leader Harriette Chandler told reporters that it "obviously isn't successful if we're [still] looking for ways to contain these costs." (Dayal McCluskey, 12/14)

[The Star Tribune: Report Takes Deep Dive Into Minnesota Health Clinic Costs](#)

A new report from a Minnesota nonprofit is shedding light on why some medical clinics are more expensive than others — determining which ones simply charge higher prices, and which order more services such as tests, follow-up visits and prescriptions. Identifying expensive clinics is important in

an era of rising health care costs because it allows patients to be better shoppers, said Jim Chase, executive director of Minnesota Community Measurement, a nonprofit agency that analyzes claims data from the state's largest health plans. (Olson, 12/13)

[Kansas Health Institute: Rural Health Group Wraps Up With Focus On Telemedicine, Workforce Issues](#)

A task force chaired by Lt. Gov. Jeff Colyer to address problems in rural health care determined that expanding telemedicine, addressing workforce shortages and giving providers more flexibility were key to Kansas' future. The Rural Health Working Group wrapped up a year of meetings Tuesday and is now compiling a set of recommendations to present to the Legislature ahead of the session that begins Jan. 9. Those recommendations will not include expanding Medicaid under the Affordable Care Act — something rural hospital officials say would help their bottom line, but Colyer and other conservative Republicans say is a nonstarter. (Marso, 12/13)

[San Jose Mercury News: California Auditor Blasts State Nursing Board For Investigation Delays](#)

In a blistering report issued Tuesday, the California state auditor warned the Board of Registered Nursing that its delays in resolving complaints against nurses accused of negligence involving patient injury or death pose a serious threat to others. Among the cases cited in the audit was a complaint alleging that a nurse caused a toddler's death by administering the wrong dose of medication. (Seipel, 12/13)

[Sacramento Bee: Audit: Backlog Of Complaints Over California Nurses Threatens Care](#)

The California board charged with resolving complaints against registered nurses has such a huge backlog that some active caregivers may pose a risk to patient safety, according to a new audit. The review of the Board of Registered Nursing's enforcement program found that of the 40 complaints resolved between Jan. 1, 2013, and June 30, 2016, the board failed to complete 31 within its 18-month goal — and 15 of the complaints took longer than three years. Of those 15 complaints, the board took longer than four years to resolve seven, "six of which included allegations of patient harm resulting from a nurse's actions." (Cadelago, 12/13)

[NJ Spotlight: NJ Poised To Benefit From Major Federal Funding For Healthcare Innovation](#)

A new federal program pledges to invest more than \$6 billion to promote cutting-edge healthcare initiatives, including research on cancer and brain disorders, and improve access to treatments for mental health and substance use disorders. And New Jersey, with its established pharmaceutical industry, is well positioned to benefit from the new law, observers suggested. On Tuesday President Barack Obama signed the 21st Century Cures Act, which he said will promote "medical breakthroughs" and help address some of the nation's most pressing healthcare challenges, including addiction, cancer and mental illness. It also seeks to address what experts have described for decades as a lack of sufficient funding for scientific research and growing competition for the dollars that remain. (Stainton, 12/14)

[Richmond Times Dispatch: Virginia Hospital Association Plans To Push For Better Registry For Mental Health Beds, Easier Screening Process](#)

Virginia Hospital & Healthcare Association officials are proposing the General Assembly approve the creation of a more detailed registry for behavioral health beds and other measures they say would improve mental health care. The association's leaders introduced a four-part plan Tuesday aimed at addressing significant problems in the mental health system. The General Assembly convenes next month. (Kleiner, 12/13)

[San Jose Mercury News: Santa Clara County Unveils 'Pay For Success' Mental Health Plan](#)

More than a year ago, Santa Clara County embarked on its first "Pay for Success" project — a partnership geared toward permanently sheltering chronically homeless people — and Tuesday officials approved a similar plan to help those with severe mental disorders. "Partners in Wellness" is

a plan aimed at getting 250 mentally ill people who use county services into more intensive outpatient care. The goal is to actually save money in the long-term by helping mentally ill people stay out of emergency rooms and jails. (Kurchi, 12/13)

[Des Moines Register: Lawsuit: Wellmark Skirting Law To Deny Breastfeeding Claims](#)

Iowa's largest health insurance carrier has denied claims from new mothers who want breastfeeding support from private trained specialists, despite a federal law that requires insurers to provide the coverage, according to a lawsuit filed on behalf of two Iowa women. Breastfeeding counseling, support and supplies are among the preventive health services that insurers are supposed to cover at no cost to policyholders under the Affordable Care Act, as long as the service is done by a provider within an insurance company's network. But Wellmark Blue Cross and Blue Shield has worked around the law by failing to build a list of professionals in its network who specialize in breastfeeding care, forcing women to pay out-of-pocket for the services, according to the lawsuit filed in U.S. District Court. (Rodgers, 12/13)

[The Washington Post: Health Care, Funding An Infrastructure Bill Divide Virginia Members Of Congress](#)

Members of Virginia's congressional delegation split sharply on how to pay for a major infrastructure bill and how to reform health care during a discussion Monday about what could be possible with Donald Trump as president. Rep. Barbara Comstock (R) and Rep. Gerry Connolly (D) engaged in some heated exchanges, but found common ground on defense funding — an area that knows no partisan divide in the military-heavy state. (Portnoy, 12/13)

[WBUR: You Asked, We Answered: Here's What You Wanted To Know About Recreational Marijuana](#)

As marijuana becomes legal in Massachusetts, most of us have lots of questions about how it will work. We asked you to tell us what you'd like to know about the new law, and we got a slew of queries. (Bebinger, 12/14)

[KQED Future of You: New HIV Studies Offer Fresh Hope For A Cure](#)

The HIV research community is increasingly optimistic about the promising "shock and kill" approach to eradicating HIV from infected patients. Such removal of all traces of the virus from an individual's body would represent an actual cure for AIDS. (d'Adesky, 12/13)

[The Star Tribune: Patients Sue St. Cloud Cancer Center, Alleging Negligent Radiation Therapy](#)

[Sandy] Schwegman, 76, and six other patients at Coborn Cancer Center in St. Cloud filed lawsuits for botched therapy plans that left them under- or over-radiated and potentially at increased risk of cancer recurrence. The total number of lawsuits is expected to grow to 17 by the end of the year. (Chanen, 12/13)

[Atlanta Journal-Constitution: Survivor: Hospital Believed Doctor Instead Of Victims](#)

Shanta Hereford can't shake the memory, try as she might. Bend over and touch your toes, she remembers the doctor saying, before his hands went where she was certain they didn't belong. Even now, a dozen years and hundreds of miles removed from that day at a clinic in Wisconsin's capital city, she says she still gets nervous when she needs medical attention...Hereford was one of four Wisconsin women whose complaints of sexual misconduct led that state's medical board to discipline Dr. Frank Salvi, a prominent spine specialist affiliated with the University of Wisconsin hospital system, in 2009. (Robins, 12/13)

PRESCRIPTION DRUG WATCH

20. Risky Pay-For-Performance Deals Gaining In Popularity

News outlets report on stories related to pharmaceutical drug pricing.

[Modern Healthcare: Pay-For-Performance Drug Pricing: Drugmakers Asked To Eat Costs When Products Don't Deliver](#)

The latest wrinkle in the fight against rising drug prices involves insurers and pharmacy benefit managers asking drugmakers to accept lower prices for the latest medicines emerging from their labs when they don't achieve the desired results. Insurers like Aetna, Cigna and Harvard Pilgrim Health Care, as well as pharmacy benefit managers such as Express Scripts, are engaging major manufacturers including Novartis, Merck and Astra Zeneca in these risk-based deals because many of the latest blockbuster drugs are lacking long-term benefits data. In most of the deals, insurers agree to offer reimbursement for a drug at a set price as long as the drugmaker agrees to pay a penalty if certain metrics aren't met. (Rubenfire, 12/10)

[The New York Times: Lives And Profits In The Balance: The High Stakes Of Medical Patents](#)

"The West Wing," Aaron Sorkin's television series about a fictional White House, had a knack for crisply summarizing complex real-life issues. In an episode from 2000, pharmaceutical executives and leaders of an AIDS-plagued African country are summoned to the White House. The purpose is to see if reluctant businessmen can be persuaded to sell the Africans desperately needed drugs at a modest price. "The pills cost 'em 4 cents a unit," a presidential aide grouses about the companies. "You know that's not true," a colleague says. "The second pill cost 'em 4 cents. The first pill cost 'em \$400 million." (Haberman, 12/11)

[Stat: Democrats See Big Hole In New Prescription Drug Pricing Report](#)

The Obama administration is rolling out a major report on the prices paid by federal programs for prescription drugs — but it has one big flaw, in the eyes of the Democrats who helped push for it. (Silverman, 12/13)

[ProPublica: We've Updated Dollars For Docs. Here's What's New.](#)

Today we've updated our Dollars for Docs interactive database, adding an additional year of data and some new features that make it easier to see how much money your physician receives from pharmaceutical and medical device companies. Dollars for Docs now includes payments made from August 2013 through December 2015. (Grochowski Jones, Tigas and Ornstein, 12/13)

[Stat: Many Pricey Cancer Drugs Don't Improve Quality Of Life](#)

More than a dozen cancer drugs that were approved based on so-called surrogate markers, such as the ability to shrink tumors, failed to improve the quality of life for patients. Yet most of the medicines, which previously were found not to extend lives, are also expensive, with many costing much more than \$100,000 annually, and all but one remain on the market, according to a new analysis. Of 18 cancer drugs approved between 2008 and 2012, only one registered an improved quality of life, and no statistically significant improvement was seen in six others compared with a placebo or an observation group. Four more showed mixed signs and two drugs actually displayed worsening patient outcomes. (Silverman, 12/7)

[The New York Times: RICO Charge In Pharmaceutical Case May Signal Tougher Tactics](#)

One of the most powerful tools in the Justice Department's arsenal is the Racketeer Influenced and Corrupt Organizations Act, better known as RICO, that can result in long prison sentences for members of criminal organizations. Although the law has rarely been used against corporate executives, an indictment that includes a RICO conspiracy charge last week in a health care fraud case in Boston could signal a more aggressive approach to violations involving senior management. (Henning, 12/12)

[Stat: Sales Rep Files Whistleblower Suit Against Drug Maker](#)

A sales rep for Grifols is accusing the Spanish drug maker of illegally marketing an expensive orphan drug and defrauding US health care programs in a whistleblower lawsuit that was unsealed in federal court. (Silverman, 12/13)

[The Philadelphia Inquirer: AARP Report: Name-Brand Drug Prices Are Outstripping Seniors' Incomes](#)

Despite intense congressional and public criticism, retail prices of the brand name drugs most commonly used by older Americans rose more than 130 times the rate of inflation between 2006 and 2015, according to a new report issued Wednesday morning by the AARP Public Policy Institute. AARP calculated the average annual cost of brand name pharmaceuticals on the list at about \$5,800 last year. Seniors took, on average, 4.5 different prescriptions every month last year. If someone used only name-brand drugs, that comes out to about \$26,000, exceeding the \$24,150 median annual income for Medicare beneficiaries. (12/13)

[The Associated Press: Execution Costs Spike In Virginia; State Pays Pharmacy \\$66K](#)

Virginia prison officials have paid a secret compounding pharmacy \$66,000 to obtain lethal injection drugs for its next two executions — roughly 63 times last year's going price for the state's three-drug lethal injection package. Like other states, Virginia has struggled to obtain these drugs as pharmaceutical companies block their sale for executions to avoid being publicly accused of violating medical ethics. But under a new law, the state can have the drugs made at a compounding pharmacy and shield its identity from the public. (Richer, 12/11)

[Stat: Ethics Award For Johnson & Johnson Raises Eyebrows](#)

Should a drug company that's agreed to pay billions in criminal and civil fines for illegally marketing its drugs to children and dementia patients be honored with an ethics prize? That's what will happen next month when Johnson & Johnson receives the annual Ethical Leadership Award from a nonprofit organization called the Fellowships at Auschwitz for the Study of Professional Ethics, or FASPE. (Kaplan, 12/13)

[Stat: Drug Makers Explore Immunotherapy Drugs' Promise In Treating Sepsis](#)

Drug developers have tried for decades without success to develop treatments for sepsis, a brutal infection that can lead to organ failure. Now a leading immunotherapy company is taking the novel approach of using cutting-edge cancer drugs to try to beat back the deadly infection of the blood. Sepsis is implicated in up to half of hospital deaths, amounting to hundreds of thousands of deaths in the US per year. Doctors can use antibiotics to help control septic infections, but they don't work in many cases. And when the immune system ramps up in its attempt to overcome the bacteria, it often inflicts collateral damage on the heart, kidney, lungs, liver, and brain. (Mullard, 12/7)

[Milwaukee Journal Sentinel: Medicine's Secret: Some Drugs Won't Help Most Of Those Who Take Them](#)

In short, the drugs won't help most of the people who take them. In some cases, they are almost as likely to produce a negative side effect as a benefit. (Faubert, Wynn and Fiore, 12/13)

21. Perspectives: Outrage Over Costs Is Not Enough -- We Need Action

Read recent commentaries about drug-cost issues.

[USA Today: Let's Work With Trump To Reduce Drug Prices](#)

A few months ago, from the campaign trail, President-elect Donald Trump said, "We are not allowed to negotiate drug prices. Can you believe it?" Unfortunately, I can. It's one of the reasons that

prescription drug prices are skyrocketing. It's one of the reasons that the cost of EpiPen went up nearly 500% since 2009. There are more reasons to be sure, but not being able to negotiate is an important one. (Amy Klobuchar, 12/13)

[The Hill: Trump's Business Practices Could Help Curb The Crazy High Drug Prices](#)

President-elect Donald Trump promised to bring down drug prices in his Time magazine Person of the Year interview and perhaps his unique blend of common sense and desire to make a deal might be the needed prescription. Americans want to see policies that address constantly increasing drug prices that are making healthcare unaffordable, risking overall healthcare, and raising the cost of doing business. Trump recognizes that past policies are failing to stem the increase in drug prices and knows action is necessary. (David Balto and Becky Davidson, 12/13)

[US News & World Report: The Harm Of High Drug Prices To Americans – A Continuing Saga](#)

The problem of high cancer drug prices in the United States was highlighted in 2013, following a decade during which the average annual price of newly introduced cancer drugs increased from less than \$10,000 to more than \$100,000 in 2012. In a for-profit health care industry, drug companies need to make reasonable profits. Annual drug industry profits average 20 percent to compensate for the riskiness of drug research. But the aim of maximizing profits has crossed the line into profiteering at the expense of patients. (Hagop Kantarjian and Vivian Ho, 12/12)

[The Washington Post: Want Cheaper Drugs? Increase Competition.](#)

Why are pharmaceutical prices so high while the prices of so many other items we buy are low and even falling? The difference is competition. Drug companies typically have a monopoly on the drugs they sell, and monopolists charge high prices. So to get lower drug prices, we need more competition. Patent law gives drug companies a legal monopoly for 20 years on the drugs they create, which is an effective way of encouraging innovation. But we can get both more drug development and lower drug prices without disturbing patent law. How so? Curb the Food and Drug Administration's power to keep drugs off the market. (David R. Henderson and Charles L. Hooper, 12/9)

[The Washington Post: How We Should Pay For Cures, According To Economics](#)

Imagine a major medical breakthrough: a cure for Alzheimer's. Imagine that cure not only would improve the cognitive abilities of the more than 5 million Americans living with Alzheimer's but also would give these patients additional years of life. Imagine the economic impact of allowing these individuals to live at home, return to work and become productive members of society. But what should be the price of a cure? Ideally, it should be based on the value that the drug gives to patients. (Jason Shafrin, 12/9)

[Forbes: We Need To Tame The Price Of New Cancer Drugs](#)

Last week Dr. Peter Bach, a physician and cancer drug pricing theorist, gave a plenary lecture at the San Antonio Breast Cancer Symposium. Until recently, it was unusual for oncologists to hear lectures about the costs of medicines and care. Bach works at Memorial Sloan Kettering Cancer Center in New York City, where he directs the Center for Health Policy and Outcomes. (Elaine Schattner, 12/13)

[The Washington Post: How Do We Break Open The Black Box Of Drug Pricing?](#)

Nearly every time the pharmaceutical industry finds itself in the news, it's accompanied by angry demands to fix the ever-increasing cost of drugs. But reforming the system is a herculean task, especially because there isn't just one aspect to blame. Unlike other products, drugs aren't simply produced and then sold to consumers. Instead, they go through opaque layers of business, intermediaries and government before reaching consumers. The real question that reformers have to answer is how to break open the black box of drug pricing and introduce a much-needed level of transparency. (Robert Gebelhoff, 12/7)

[Cleveland Plain Dealer: Sticker Shock At The Pharmacy? There's More Than Meets The Eye:](#)

There's much debate about drug prices. Who pays and how much is complicated. Manufacturers get blamed (sometimes rightly) for high prices, and pharmacists face sick, angry patients whose prescriptions cost too much. Most of the time, there is an invisible third-party between the pharmacist and the patient. It's time to look at the multi-billion dollar industry in the middle of nearly every prescription drug transaction. (Antonio Ciaccia, 12/11)

EDITORIALS AND OPINIONS

22. Viewpoints: Abortion Rights Under Trump; False Hope For NIH

A selection of opinions on health care from around the country.

[The New York Times: Rolling Back Abortion Rights After Donald Trump's Election](#)

Two 20-week bans have been struck down in federal courts as unconstitutional. But abortion opponents in Ohio believe the new law will withstand legal challenges, perhaps even at the Supreme Court. Robert Cupp, a Republican state representative, says he thinks the court will be swayed by medical advances allowing more very premature babies to survive. A victory at the Supreme Court could open the door for a federal 20-week ban, which was introduced last year but blocked by Senate Democrats. (12/13)

[Modern Healthcare: Merry Christmas: The 21st Century Cures Act Doesn't Offer Promised Gift To The NIH](#)

No element of the 21st Century Cures Act received greater public acclaim than the \$4.8 billion in new funding for the National Institutes of Health, which Congress may parcel out to the agency over the next 10 years to pursue a "moonshot" to cure cancer, investigate brain chemistry and develop individualized or precision medicine. ... The \$4.8 billion over 10 years (assuming it is appropriated) is in addition to the regular increases that NIH may or may not get. It's always tough to make assumptions about what future Congresses will do. But its record over the past 10 years—most of which was under Republican control as it is now—leaves little room for hoping that major increases are in the offing. The average annual ... increase over the last decade was 1.3%. (Merrill Goozner, 12/13)

[San Antonio Press Express: If Republicans Repeal Obamacare, They Own The Results](#)

What if Republicans abruptly repealed Obamacare, chaos ensued and Democrats sat on their hands and watched? Democrats would be doing the right thing, both for the American people and for themselves. Donald Trump has vowed to repeal Obamacare on day one of his administration. What would he replace it with? "Something terrific." Vice President-elect Mike Pence concurs: "We're going to repeal Obamacare lock, stock and barrel." Good luck to them. And they'll need it. (Froma Harrop, 12/13)

[Wichita \(Kan.\) Eagle: Medicaid Expansion Should Be Priority For Legislature](#)

As state legislators prepare for the 2017 session, they should place Medicaid expansion near the top of their agenda. Legislators have for too long put politics above the health of our state's residents, the well-being of our communities, the security of our health care institutions and the protection and creation of jobs. (12/13)

[Weekly Standard: Will Recovery Audit Contractors Program Fully Recover Under Trump?](#)

RACs [recovery audit contractors] hold hospitals accountable for overbilling Medicare patients—a huge problem in an industry with as little transparency as health care. As compensation for their

good work, auditors receive a small portion of the money they help save. The RAC program is one of those shockingly effective policies of the Bush administration that didn't get much attention but helped make government more accountable. After its pilot program from 2005 to 2008, RACs corrected more than \$1 billion in improper Medicare payments, according to the Centers for Medicare and Medicaid Services (CMS). (Jared Whitley, 12/13)

[The Washington Post: Is The Surgeon General Endangering America's Youth?](#)

Last week, the U.S. surgeon general released an extensive report on the use of electronic cigarettes and other vaping products by youth and young adults. The report urges greater restrictions on youth access to vaping products and received substantial media attention, which largely focused on the report's central message of discouraging e-cig use among youth. Unfortunately, the report is misleading in key respects — indeed, “scientifically dishonest,” according to one public health researcher — and could actually do more harm than good. (Jonathan H. Adler, 12/13)

[The Washington Post: Black Women Defy Trend Of Declining Life Expectancies. What Explains This Miracle?](#)

The results are in, the conclusion inescapable: Black women are exceptional, phenomenal even. The latest evidence is perhaps the most compelling: While the life expectancy for everybody else in the country declined last year, the black woman held her own. Ironical, isn't it? White men, white women and black men took a hit, according a report last week by the Centers for Disease Control. As a result, the nation's overall life expectancy has declined. (Courtland Malloy, 12/13)

[Stat: Don't Cut A Program That Helps Disadvantaged Students With Health Careers](#)

The litany of problems that beset the very poor is daunting: high unemployment and underemployment, lack of educational opportunities, addiction, crime, homelessness, abuse. It can be hard to rise out of these circumstances and pursue a career as a scientist, doctor, or any profession for that matter. Yet I've seen for myself that there's a proven way to equip talented and determined students with the tools they need to do just that. It's called the Health Careers Opportunity Program. Administered through the federal Health Resources and Services Administration, the program provides grants to universities to help them recruit qualified individuals from disadvantaged backgrounds into health-related fields, meet their academic and social needs, and ensure that future health care providers are familiar with the needs of underserved communities. Despite the program's success for thousands of students and their communities, its modest funding is in danger of being cut from the fiscal year 2017 budget. (Douglas Robinson, 12/13)

[Stat: Actuaries Are Bringing Netflix-Like Predictive Modeling To Health Care](#)

If you've ever bought something on Amazon or watched movies on Netflix, you've been the beneficiary — or the target — of predictive modeling: If you liked “Shrek,” you might like “Kung Fu Panda.” In health care, predictive analytics are used to identify leading indicators of disease, spot patient trends, and help health care providers establish effective treatments. And as the health care industry embraces precision medicine to provide customized treatment, it will need to adopt more precise predictive models to identify high-risk patients and tailor interventions to meet their needs. Actuaries are well-suited for this role, as they know how to mine data and provide near real-time surveillance that can improve health care quality, costs, and outcomes. (Gary Gau, 12/13)

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